

Form **8871**
(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1	Name of organization	FRIENDS OF MICHAEL P. GUINGONA	Employer identification number	21-20060217
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2 Mailing address (P.O. Box or number, street, and room or suite number)

-91-2066913

City or town, state, and ZIP code
DALY CITY CA 94014

3 E-mail address of organization
MGUIN @ AOL.COM

4a Name of custodian of records

4b Custodian's address

ANDRE BELARMINO

591 GELLERT BLVD

DALY CITY CA 94015

5a Name of contact person

5b Contact person's address

(same)

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

Part II	Purpose
1. <u>Identify the problem</u>	1. <u>Identify the problem</u>
2. <u>Identify the causes</u>	2. <u>Identify the causes</u>
3. <u>Identify the effects</u>	3. <u>Identify the effects</u>
4. <u>Identify the solutions</u>	4. <u>Identify the solutions</u>
5. <u>Identify the stakeholders</u>	5. <u>Identify the stakeholders</u>
6. <u>Identify the resources</u>	6. <u>Identify the resources</u>
7. <u>Identify the risks</u>	7. <u>Identify the risks</u>
8. <u>Identify the opportunities</u>	8. <u>Identify the opportunities</u>
9. <u>Identify the constraints</u>	9. <u>Identify the constraints</u>
10. <u>Identify the assumptions</u>	10. <u>Identify the assumptions</u>
11. <u>Identify the objectives</u>	11. <u>Identify the objectives</u>
12. <u>Identify the metrics</u>	12. <u>Identify the metrics</u>
13. <u>Identify the roles</u>	13. <u>Identify the roles</u>
14. <u>Identify the responsibilities</u>	14. <u>Identify the responsibilities</u>
15. <u>Identify the deliverables</u>	15. <u>Identify the deliverables</u>
16. <u>Identify the milestones</u>	16. <u>Identify the milestones</u>
17. <u>Identify the risks</u>	17. <u>Identify the risks</u>
18. <u>Identify the opportunities</u>	18. <u>Identify the opportunities</u>
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20. <u>Identify the assumptions</u>	20. <u>Identify the assumptions</u>
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28. <u>Identify the opportunities</u>	28. <u>Identify the opportunities</u>
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93. <u>Identify the roles</u>	93. <u>Identify the roles</u>
94. <u>Identify the responsibilities</u>	94. <u>Identify the responsibilities</u>
95. <u>Identify the deliverables</u>	

7 Describe the purpose of the organization

Re-election for city council of Asky City

Part III	List of All Related Entities (see instructions)
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8a Name of related entity

Bb Relationship

8c Address

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(continued on next page)

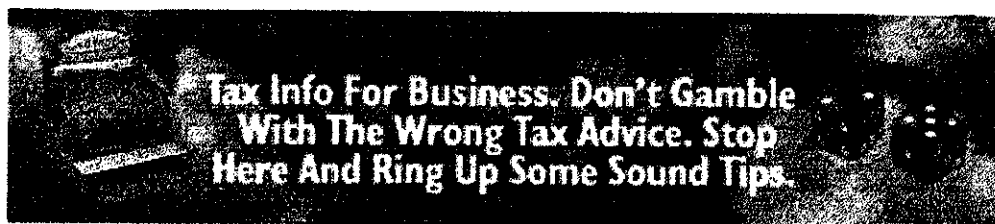
Part IV

N/A

Signature of authorized official

Disc

**Sign
Here**



Political Organization Notice of Section 527 Status

Please enter information below to fulfill your requirements for electronic filing of Form 8871:

Employer Identification Number	55	9882039
Name of Organization	Friends of Michael P. Guingona	
Street Address	332 Peoria Street	
City	Daly City	
State	CA	
Zip Code	94014	
Email address of Organization	mguin@aol.com	
Name of Custodian of Records	Andre Belarmino	
Name of Contact Person	Andre Belarmino	

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